PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 20 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009875

1. Corporation Name

VICTORIA PLANTATION PROPERTY OWNERS' ASSOCIATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
1850 43rd Avenue		1850 43rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Vero Beach, FL		City & State: Vero Beach, FL	
Zip: 32960	Country: US	Zip: 32960	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/02

5. FEI Number: 51-0440862 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: William W. Caldwell

000027113640
01/16/04 01063 006 **297.50

Street Address (P.O. Box Number is Not Acceptable): 756 Beachland Blvd.

Suite, Apt. #, Etc.:

City: Vero Beach | State: FL | Zip Code: 32963

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	GEORGE M. BEUTTELL	P.O. BOX 2369	Vero Beach, FL 32960
DVS	CANDACE S. BEUTTELL	P.O. BOX 2369	Vero Beach, FL 32960
D	WILLIAM W. CALDWELL	756 Beachland Boulevard	Vero Beach, FL 32963

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ President / Manager 1/14/04 772-569-4481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #